

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	81-5166-9X	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER		AFTER		IND.	IND.	IND.
	IND.	DEP.	1st AMENDMENT	2nd AMENDMENT			
1					51	1	1
2					52	1	1
3					53	1	1
4					54	1	1
5					55	1	1
6					56	1	1
7					57	1	1
8					58	1	1
9					59	1	1
10					60	1	1
11					61	1	1
12					62	1	1
13					63	1	1
14					64	1	1
15					65	1	1
16					66	1	1
17					67	1	1
18					68	1	1
19					69	1	1
20					70	1	1
21					71	1	1
22					72	1	1
23					73		
24					74		
25					75		
26					76		
27					77		
28					78		
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30					80		
31					81		
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36					86		
37					87		
38					88		
39					89		
40					90		
41					91		
42					92		
43					93		
44					94		
45					95		
46					96		
47					97		
48					98		
49					99		
50					100		
TOTAL IND.	16				TOTAL IND.		
TOTAL DEP.					TOTAL DEP.		
TOTAL CLAIMS					TOTAL CLAIMS		

150 (2-78) **DO NOT USE THIS FORM ADDITIONAL BLANKS OR AMENDMENTS** U.S. GOVERNMENT OF